	_	PART B - FEE(S)	TRANSMITTAL				
NUL)	2 1 2004	th applicable fee(s), to: <u>M</u> or <u>F</u>	Commissioner f P.O. Box 1450 Alexandria, Vir (703) 746-4000	Alexandria, Virginia 22313-1450 (703) 746-4000			
INSTRUCTIONS, This for appropriate. All further con indicated unless configured in maintenance fee notification	rm should be used for tran respondence including the below postificated otherwise BADEM	smitting the ISSUE FEE and I Patent, advance orders and noti in Block I, by (a) specifying a	PUBLICATION FEE (if req fication of maintenance fees i new correspondence address	uired). Blocks 1 through 4 s will be mailed to the current s; and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for		
CURRENT CORRESPONDENC	E ADDRESS (Note: Legibly mark-up 590 06/10/2004	p with any corrections or use Block 1)	Note: A certificate of Fee(s) Transmittal. Transmittal. Transmittal papers. Each addition have its own certifica	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.			
Leith Marie Gard 1219 Grimes Ave. Modesto, CA 9535			I hereby certify that a States Postal Service addressed to the Ma	ertificate of Mailing or Transhis Fec(s) Transmittal is beir with sufficient postage for fail Stop ISSUE FEE address PTO, on the date indicated be Mane Gard Mane Jan	ng deposited with the United rst class mail in an envelope s above, or being facsimile low.		
			6-	15-04	(Date)		
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/734,898 FITLE OF INVENTION: P	12/15/2003 EACH TREE NAMED 'KLA	Gary Nei	i Zaiger		2569		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$320	\$300	\$620	09/10/2004		
EXAMINER		ART UNIT	CLASS-SUBCLASS	7	•		
MCCORMICK EWO	LDT, SUSAN BETH	, 1661	PLT-197000	J .			
CFR 1.363). Change of corresponde Address form PTO/SB/I "Fee Address" indicati PTO/SB/47; Rev 03-02 (Number is required. ASSIGNEE NAME AND	on (or "Fee Address" Indicator more recent) attached. RESIDENCE DATA TO B	names of agents OR firm (having agent) and attempts of agents or agent) and agent) and agent) and agent agent) and agent agent and agent agent agent.	(print or type)	attorneys or of a single attorney or tered patent ad, no name 3	ate when an assignment has		
(A) NAME OF ASSIGN	EE	(B) RESIDENC	E: (CITY and STATE OR CO	OUNTRY)			

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Please check the appropriate assignee category or categories	s (will not be printed on the patent);	, individual	corporation or other privat	te group entity	government
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):	•			
☐ Issue Fcc	A check in the amou	unt of the fee(s) is	enclosed.		
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